2006 FOR PROFIT CORPORATION ~ ~~ANNUAL REPORT (AR)

Feb 16, 2006 8:00 am Secretary of State DOCUMENT # P04000070848 1. Entity Name 02-16-2006 90041 039 ***150.00 MAIN PRO MAINTENANCE SERVICES, INC. Principal Place of Business Mailing Address 4753 SABAL KEY DR 4753 SABAL KEY DR **BRADENTON FL 34203-3129 BRADENTON FL 34203-3129** 2. Principal Place of Business 3. Mailing Address <u>6501</u> 38^{+h} 650? LANG EAST LANG EAST Suite. Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State 4. FEI Number Applied For 20-1070184 SATASOTA SALASOTA FL Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 3424 USA 3<u>4243</u> USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HULA TAUL HYLA, PAUL M Street Address (P.O. Box Number is Not Acceptable) 4753 SABAL KEY DR **BRADENTON FL 34203-3129** EAST 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. (NOTE: Registered Agent signature required when reinstaling) FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TATLE ☐ Delete TITLE Change Addition NAME HYLA, PAUL M NAME 38Th LANE East 6507 STREET ADDRESS 4753 SABAL KEY DR STREET ADDRESS CHY-ST-ZIP **BRADENTON FL 34203-3129** CITY-ST-ZIP TIRE ☐ Delete TOLE ☐ Change ☐ Addition HYLA, MARY ANN NAME NAME 38th Lune East STREET ADDRESS 4753 SABAL KEY DR STREET ADDRESS CITY-ST-ZIE **BRADENTON FL 34203-3129** CITY-ST-ZIP -TOTALE ~~ 🖵 -Deleic __ Change_ _ _ Addition NAME NAME STREET ADDRESS STREET ADDRESS City-St-7IP CITY-ST-7(P FITEE ☐ Defete TITLE Change Addition MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZE TITLE ☐ Delete Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-S1-ZIP CITY-ST-ZIP 12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

2-4-06

FILED